

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant(s): Ridwan ShabsighSerial No. : 10/658,991 Examiner: Robert M. KellyFiled : September 9, 2003 Group Art Unit: 1633For : USES OF VASCULAR ENDOTHELIAL GROWTH FACTOR IN THE TREATMENT OF ERECTILE DYSFUNCTION**Mail Stop RCE**COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450Date: April 20, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

 X Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established. A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed. X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	12 -	* 20 =	*** 0 X	\$25	\$50	=	0	
Independent Claims	3 -	** 3 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <u> X </u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included)

☐ A Petition for an Extension of Time, including a fee of \$ ☐ for a Petition for ☐ Month(s) Extension of Time

☒ Other (identify): Request for Continued Examination (RCE)

THE TOTAL FEE DUE IS \$ 395.00.

☒ A check in the amount of \$ 395.00 is enclosed.

☐ Please charge Deposit Account No. ☐ in the amount of \$ ☐.

☒ The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Gary J. Gershik 4/20/07
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